

CITY OF MONTEREY F
320 West Newmark Avenue, Monterey Park, CA 917
Attn: Bus. License Dept. • (626) 307-1338 • Fax (626) 30

BUSINESS LICENSE APPLICATI

	LICENSE NO. LICENSE FEE \$	OFFICIAL USE ONLY •		
ION		CHANGE OF BUSINESS NAME HOME OCCUPATION		
PARK 754 07-0753	Please Check One	NEW APPLICATION CHANGE OF OWNER CHANGE OF ADDRESS	000	

Business Name			LICENSE NO.	
Business Location			LICENSE FEE \$	
(Not P. O. Box)			PENALTY	
City	State	Zip	TOTAL FEE\$	-
Mailing Address			CHECK NO.	SH
(If Different)	*		BY:	
City	State	Zip	License Reviewed & Approved By:	
	Bus. Fax ()		Bus. Lic. Dept/	200
E-Mail Address Ownership: □ Corporation □ Ltd Liability Corp □ Partnership □ Sole Proprietor □ Trust			Cert. of Occupancy /	
		roprietor 🗅 Trust	Fire Dept. /	
Start Date Description of	f Business		Police Dept. /	
Business Types: D Petailers D Wh	ologologo/Manufacturoro D. Brofossionala	D Continue D Harra O	Home Occup. Permit Required	THIS
business types. a hetaliers a will	Diesalers/Manufacturers 🖬 Professionals	□ Services □ Home O	Occupations Residential/Commercial Rental	
State Lic. No.	License Type		Expiration Date	
	Federal I. D. No		State I. D. No.	
Enter below names of Owners, Partners	, or Corporate Officers - Use additional sheets a	as necessary		
SD				
				-
				_
	State			
Social Security No	Drivers License No			
Owner Name		Title	Phone /	
Home Address			Phone ()	=
	State			-
	Drivers License No.			
In case of emergency, please contact:	Charles Charle			100
Name	Title		Phone ()	
Name Address	Title		Phone ()	-
	Title			-
Address				
Address				-
Address Vehicle Insurance Information Company Name Policy No	Expiration Date		Cell Phone ()	
Address Vehicle Insurance Information Company Name Policy No PLEASE COMPLETE THE		PLEASE CALC		
Address Vehicle Insurance Information Company Name Policy No PLEASE COMPLETE THE No. of	Expiration Date	PLEASE CALC	Cell Phone ()	
Address Vehicle Insurance Information Company Name Policy No. PLEASE COMPLETE THE No. of Owner/Professionals	Expiration Date FOLLOWING INFORMATION NOTE: Sales or use tax may	PLEASE CALC	Cell Phone () ULATE AMOUNT DUE BY ENTERING N BOXES BELOW AND SIGN.	
Address Vehicle Insurance Information Company Name Policy No PLEASE COMPLETE THE No. of	Expiration Date FOLLOWING INFORMATION NOTE: Sales or use tax may apply to your business	PLEASE CALC INFORMATION IF Gross Receipts Base Fee	Cell Phone ()	
Address Vehicle Insurance Information Company Name Policy No. PLEASE COMPLETE THE No. of Owner/Professionals No. of Non-Prof. Employees	Expiration Date FOLLOWING INFORMATION NOTE: Sales or use tax may apply to your business activities. You may seek written advice regarding the	PLEASE CALC INFORMATION II Gross Receipts Base Fee (includes 1 owner	Cell Phone ()	
Address Vehicle Insurance Information Company Name Policy No. PLEASE COMPLETE THE No. of Owner/Professionals No. of	Expiration Date FOLLOWING INFORMATION NOTE: Sales or use tax may apply to your business activities. You may seek written advice regarding the application of tax to your	PLEASE CALC INFORMATION IF Gross Receipts Base Fee	Cell Phone ()	
Address Vehicle Insurance Information Company Name Policy No. PLEASE COMPLETE THE No. of Owner/Professionals No. of Non-Prof. Employees No. of Vehicles	Expiration Date FOLLOWING INFORMATION NOTE: Sales or use tax may apply to your business activities. You may seek written advice regarding the application of tax to your particular business by writing	PLEASE CALC INFORMATION II Gross Receipts Base Fee (includes 1 owner Professional Add'I Owner Fee Non-Professiona	Cell Phone ()	The same of the sa
Address Vehicle Insurance Information Company Name Policy No. PLEASE COMPLETE THE No. of Owner/Professionals No. of Non-Prof. Employees No. of Vehicles No. of Units	POLLOWING INFORMATION NOTE: Sales or use tax may apply to your business activities. You may seek written advice regarding the application of tax to your particular business by writing to the nearest State Board of Equalization office. For	PLEASE CALC INFORMATION II Gross Receipts Base Fee (includes 1 owner Professional Add'l Owner Fee Non-Professiona Employee Fee	Cell Phone ()	
Address Vehicle Insurance Information Company Name Policy No. PLEASE COMPLETE THE No. of Owner/Professionals No. of Non-Prof. Employees No. of Vehicles No. of Units No. of Coin Operated	POLLOWING INFORMATION NOTE: Sales or use tax may apply to your business activities. You may seek written advice regarding the application of tax to your particular business by writing to the nearest State Board of Equalization office. For general information, please	PLEASE CALC INFORMATION II Gross Receipts Base Fee (includes 1 owner Professional Add'I Owner Fee Non-Professiona Employee Fee	Cell Phone ()	The other production of the second of the se
Address Vehicle Insurance Information Company Name Policy No. PLEASE COMPLETE THE No. of Owner/Professionals No. of Non-Prof. Employees No. of Vehicles No. of Units No. of Coin Operated (Service) Machines	POLLOWING INFORMATION NOTE: Sales or use tax may apply to your business activities. You may seek written advice regarding the application of tax to your particular business by writing to the nearest State Board of Equalization office. For	PLEASE CALC INFORMATION II Gross Receipts Base Fee (includes 1 owner Professional Add'I Owner Fee Non-Professiona Employee Fee Units Fee	Cell Phone ()	
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White - Original

AND MAKE CHECK PAYABLE TO THE CITY OF MONTEREY PARK

Canary - Auditor

Pink - Fire Dept.

Goldenrod - Applicant